

## PREVENTIVE MEDICINE COUNSELING RECORD

For use of this form, see AR 600-110; the proponent agency is OTSG.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** 5 USC 301, 10 USC 3012(G).  
**Principal Purpose:** To record preventive medicine counseling of Service members testing positive for exposure to HIV.  
**Routine uses:** Prerequisite counseling under AR 600-110; paragraph 2-16.  
**Disclosure:** Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.

### INSTRUCTIONS

The counselor will obtain and record the administrative information required in Part I from official military records or from patient's identification card. If the patient is not active duty military, the sponsor's information will also be included. Each item in Part II will be individually explained to the patient and counselor. Certifying signatures of the counselor and patient will be affixed as indicated in Part II. The patient will receive one copy, the counselor will retain one copy, and if the patient is a soldier, the patient's commander will receive the original. The commander's copy will be forwarded in a sealed envelope addressed personally to the commander and marked "To be Opened by Addressee Only." The counselor's copy will be retained by the preventive medicine physician until the patient is transferred or for a period of three (3) years.

### PART I - PATIENT INFORMATION

A. NAME OF PATIENT	B. SSN	C. GRADE	D. NAME OF SPONSOR
E. UNIT	F. LOCATION		
G. DATE OF DIAGNOSIS (YYYYMMDD)	H. DATE AND TIME OF COUNSELING		I. LOCATION OF COUNSELING
<b>J. Counselor:</b>			
1. NAME	2. GRADE/CORPS	4. UNIT	
3. TITLE			

### PART II - PATIENT COUNSELING ACKNOWLEDGMENT

I have been informed of my initial or confirmed positive laboratory test result for the HIV antibody. I understand that I have responsibility to prevent transmission of the infection to others with whom I may have contact, specifically --

- A. My positive HIV antibody test with the Western Blot confirmation means that I have been infected with HIV. Current medical knowledge indicates that once a person has been infected, it is assumed that he or she continues to harbor the virus. This means that I am infectious, or capable of transmitting the virus to through my behaviors involving or potentially involving exchange of body fluids.
- B. It has been explained to me that HIV infection is primarily transmitted through three routes: intimate sexual exposure; perinatal exposure (*from infected mothers to their infants*); and parenteral exposure (*transfusion of contaminated blood or blood products, or sharing of needles by intravenous drug abusers*). Since the virus has been isolated from various body fluids, to include blood, semen, saliva, tears, and breastmilk, personal items such as toothbrushes, razors, and other personal implements, which could become contaminated with blood or other fluids, should not be shared with others, even though the risk appears low. I have been informed that casual contacts such as hugging, shaking hands, or other common non-sexual personal contacts pose negligible risk of transmission.
- C. I have been informed that the percentage of those infected with HIV who will progress to clinical illness or suffer impaired immunity is unknown. However, estimates range from 30 to 100 percent over a long period of time. For this reason, I as an HIV-infected person, must have medical evaluations semiannually. If I am now asymptomatic and then develop unexplained fever, weight loss, or infections. I must seek immediate medical attention.
- D. While homosexual and bisexual males and intravenous drug users are the majority of HIV-infected persons or AIDS patients identified so far, I have been informed that the infection can also be transmitted heterosexually. There is clear evidence for transmission from male-to-female and female-to-male. Since I can infect others, I must limit the number of sexual partners I have to minimize the possibility of transmission. Prostitutes, male or female, represent a high risk group since they have many sexual contacts and frequently are also intravenous drug abusers. I acknowledge that HIV-infected individuals as well as uninfected persons should refrain from sexual relations with members of these groups to avoid the possibility of transmission.
- E. Although I may have no symptoms presently, I may still transmit the infection to others through sexual intercourse, sharing of needles, donated blood or blood product, and possibly through exposure of others to saliva through oral-genital contact or intimate kissing. I have been informed that transmission of HIV infection through sexual intercourse can be avoided only through abstinence. If I cannot abstain, then I must engage only in protected sexual relations (*i.e. using a condom*). Males must always use a condom, and females must insist that their partners use condoms. While the ability of condoms to prevent transmission of infection is unproven, they may reduce the chance of transmission and I must always use them or insist on their use during all sexual encounters.
- F. I have been informed that I, as an HIV-infected person, have the responsibility to always verbally inform my sexual partners of my infection prior to engaging in any intimate sexual behavior.
- G. I realize that I may have infected others before I knew I was infected. For that reason, I am obliged to reveal the identity of all persons with whom I have had sexual relations or shared needles so that they too can receive testing and counseling to break the chain of transmission. In addition to revealing their identities, I will personally inform all my contacts of the likelihood of their exposure to HIV as soon as possible, and recommend they seek testing and counseling.
- H. I, as an HIV-infected person, will not donate blood, sperm, tissues, or organs.
- I. Whenever I seek medical or dental care from any source, I must inform the provider of my HIV infection so that appropriate evaluation and precautions are taken to protect the provider and other patients. Since I am infected, I must refrain from unprotected sexual relations, and avoid pregnancy for my spouse or myself since the infection is transmitted from mother to unborn child. If I am a newborn infant's mother, I must avoid or discontinue breastfeeding.

I acknowledge that I, \_\_\_\_\_, have been counseled and understand that the medicine measures listed in paragraph A through I above, which were explained to me, are necessary to preclude transmission of HIV infections.

J. SIGNATURE OF PATIENT	DATE (YYYYMMDD)	K. SIGNATURE OF COUNSELOR	DATE (YYYYMMDD)
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